

AGREEMENT BETWEEN MISSOURI CRIPPLED CHILDREN'S SERVICE AND MISSOURI
DIVISION OF WELFARE REGARDING EXAMINATION FOR AND PURCHASE OF HEAR-
AIDS FOR MEDICAID PATIENTS UNDER AGE 21

The Missouri Crippled Children's Service and the Missouri Division
of Welfare, Bureau of Medical Services, agree to the following point
relative to the examination, testing and, if necessary, purchase of
hearing aids for Medicaid patients under age 21.

1. When the Division of Welfare receives notice that a Medicaid
recipient under age 21 needs examination because of a possible
hearing deficiency, a referral will be made by the Division of
Welfare to the Missouri Crippled Children's Service. The Cripple
Children's Service will handle arrangements for examination,
testing and, if necessary, purchase of hearing aids.
2. The Missouri Crippled Children's Service will make arrange-
ments for medical examination, examination by audiologist and
further steps required in each individual case.
3. The Missouri Crippled Children's Service will determine
whether payment for evaluation, examination and other services
covered under the Medicaid Program will be made from Medicaid
funds or from funds available to Crippled Children's Service.
Upon doing so, the Crippled Children's Service will so advise
the Bureau of Medical Services in order that an agreement may
be obtained with the provider and the fee ordinarily paid by
Crippled Children's Service can be paid by Bureau of Medical
Services.
4. The Missouri Crippled Children's Service will report to the
Bureau of Medical Services, Division of Welfare, on the disposi-
tion of each case referred by the Division of Welfare. Missouri
Crippled Children's Service will advise Bureau of Medical Services
if a hearing aid was purchased, and if not, why it was felt
unnecessary.
5. This agreement is subject to revision depending on funds
available to either agency. At the time of this agreement,
Crippled Children's Service will purchase the hearing aid and
make all other necessary arrangements.

R. C. Arnold M.D.

R. C. Arnold, M.D., Director
Missouri Crippled Children's Service

Date

4-9-74

Bert Shulimson

Bert Shulimson, Director
Missouri Division of Welfare

Date

4/15/74

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Sub. No. <u>45-74-8</u> Inc. <u>8-13-74</u>	

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COORDINATION AGREEMENT
Department of Health and Department of Social Services

PURPOSE:

In recognition of the desire on the part of the Department of Social Services and the Department of Health to improve the quality and availability of health care, Social Services and Health do, hereby, agree to enter into this cooperative relationship in order to insure there is maximum utilization and coordination of the services which each department provides to the citizens of Missouri.

The purpose of this agreement and its appendices is to provide a common understanding of the responsibilities of each party concerning the delivery of these services and reimbursement thereof. This agreement serves as the primary document for the overall coordination of activities and services between the Departments of Health and Social Services pursuant to the Social Security Act.

I. MUTUAL OBJECTIVES AND RESPECTIVE RESPONSIBILITIES

1. Institute policies and procedures to promote comprehensive, coordinated, community-based, and family-centered health care services.
2. Design and implement outreach activities to increase the number of women, infants and children that receive preventive health care services on a timely basis.
3. Evaluate the access to and quality of health care services designed to improve the health status of women, infants and children.
4. Increase the number of Medicaid eligible children that receive appropriate screening, diagnosis, and treatment services.

A. Department of Health Responsibilities

1. To serve as the Title V agency for the state of Missouri.
2. Identify and assess the health care needs through the collection and analysis of systematic measures of health status that address: a) preventive and primary care services for pregnant women, mothers, and infants up to age one; b) preventive and primary care services for children and adolescents; and c) services for children with special health care needs and their families.
3. Develop a statewide plan to address the health care needs of women, infants, children and adolescents, and children with special health care needs.
4. Provide and coordinate services which reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children, to reduce the need for inpatient and long-term care services, to increase the number of children appropriately immunized against disease and the number of low income children receiving health assessment and follow-up diagnostic and treatment services, and otherwise to promote

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the health of mothers and infants by providing prenatal and postpartum care for low income children.

5. Provide technical assistance to local health departments and comprehensive community health centers and other primary care providers regarding Title XIX Medicaid billing for case management services for pregnant women and children and for immunizations.
6. Support the local health departments in their case management efforts. Recruit additional case management providers both in the public and private sector.
7. Provide service coordination to individuals with HIV or AIDS to insure appropriate access to needed health care services.
8. Provide case finding, outreach, and follow-up on communicable diseases.
9. Provide consultation to DMS in the establishment of statewide standards of care including, but not limited to, the Healthy Children and Youth (aka EPSDT) periodicity schedule, prenatal care, and family planning; and promoting Healthy Children and Youth screenings to all Medicaid eligibles at appropriate intervals.
10. Provide and promote a coordinated, community-based system of care for mothers, infants and children; and provide, promote, and facilitate the development of a family-centered, coordinated, community-based, and culturally competent systems of health care for children with special health care needs and their families.
11. Assist in the recruitment and retention of health care provider for the MCH population.
12. Provide information and referral on available maternal and child health care services and providers through a toll-free number, and establishing referral policies to insure local level coordination between program/services under Title XIX and under Title V that insure the early identification of pregnant women and infants eligible for the Title XIX program and other needed services.
13. Coordination of the development and maintenance of a primary care delivery system for both public and private health care providers.
14. Promote health care cost containment through the review of hospital and nursing home facility expansion.
15. Conduct hospital licensing, home health care licensing, ambulatory surgical center licensing, and certification for rural health clinics, hospitals, ambulatory surgical centers, home health care agencies, comprehensive outpatient rehabilitation facilities, independent laboratories, outpatient rehabilitation facilities, portable x-ray providers, end stage renal dialysis facilities, therapist in independent practice (such as physical and occupational therapists, etc.), hospital based skilled nursing facilities and hospital based nursing facilities to insure quality health care.
16. Provide early identification and care coordination of women, infants, children and families affected by substance abuse.

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B. Division of Medical Services responsibilities:

1. Develop an array of services reimbursable under the Medicaid State Plan which allows for appropriate access to necessary health care for Medicaid eligible recipients. Attachment B lists current programs.
2. Provide technical assistance to DOH staff for Medicaid billing to allow to them to comply with this agreement.
3. Recruit, enroll and retain qualified Medicaid providers to be responsive to the health care needs of clients serviced by the Department of Health.
4. Cooperate with the DOH in administration of the Healthy Children and Youth program as set forth in the interagency agreement with the Bureau of Special Health Care Needs.
5. Cooperate with the DOH in the administration of the AIDS waiver as set forth in the Interagency agreement.
6. Cooperate with the DOH in the administration of the Case Management program as set forth in the interagency agreement.
7. Assist the Department of Health in maximizing federal funding for immunizations, laboratory services as outlined in cooperative agreements between the agencies in order to assure that all Missouri children are immunized and to prevent communicable diseases.
8. Within appropriate federal and state laws, provide information necessary to produce reports on utilization of services by Missouri citizens and the impact of Medicaid coverage on addressing infant mortality rates.
9. Cooperate with the State Center for Health Statistics to develop health care reports.

C. Division of Family Services responsibilities:

1. Support outstationing of eligibility workers when feasible.
2. Recruit, train and enroll presumptive eligibility qualified providers in support of the Presumptive Eligibility program for pregnant women.
3. Make referrals of pregnant women and age appropriate children to WIC services.
4. Advise appropriate applicants of the availability of HCY/EPSTD services.

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5. Advise pregnant women of the availability of case management services for at risk pregnant women and very low birth weight children and supply the names of the enrolled case management providers in the area.

II. SERVICES OFFERED

Department of Health

The Department of Health, either directly or through its contractors, provides an array of preventive, primary, and tertiary health care services to the general populace, to low income individual, or to individual with limited availability of health care services. These services/programs are listed under Attachment A and serve fully as part of this agreement.

Division of Medical Services

The Division of Medical Services, through its enrolled provider community, provides a full array of medical services for eligible recipients as set forth in the State Medicaid Plan and waivers. These services are listed under Attachment B and serve fully as a part of this agreement.

III. COOPERATIVE AND COLLABORATIVE RELATIONSHIP

This section outlines areas of collaboration/coordination which impact more than one division or program within the two departments.

- A. Division of Maternal, Child, and Family Health (MCFH) - coordinates activities with the Division of Medical Services for the delivery of preventive, primary, and tertiary health care services to pregnant women, infants, and children including: a) case management services for at-risk pregnant women and infants; b) quality assurance and standards of care; c) prior authorization of specialty health care services and service coordination of children with special health care needs who are eligible under the Title XIX program; d) information and referral regarding health care providers and services; e) delivery and payment of health care services for this population; f) early identification, outreach, and referral to Title XIX eligible women, infants, and children and assistance in enrollment; and g) collection of program and health care service information on eligible Title XIX recipients.
- B. Division of Injury Prevention, Health Injury and Rehabilitation, and Local Health Services - coordinates activities with the Division of Medical Services related to payment and billing policies of local health departments, and coordinates/collaborates with the Division of Family Services on issues related to identifying HCY (aka EPSDT) eligibles and certifying qualified presumptive eligibility providers.
- C. Division of Health Resources - collaborates within the confidentiality restraints of each program on data analysis, studies, and reports related to the general public health including, but not limited to, analyses on the impact of Medicaid reforms, health status of Medicaid eligibles, number of Medicaid eligibles receiving services and health manpower needs; and on licensure issues related to health care facilities and providers.

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- D. Division of Environmental Health and Epidemiology - collaborates and coordinates with the Division of Medical Services for the provision of services under the waiver program for the individuals with AIDS, and payment and reimbursement of immunizations and laboratory services.

IV. SERVICES PROVIDED BY LOCAL AGENCIES

Services provided by local health departments include: preventive and primary health care services for women; prenatal care; case management for at-risk pregnant women and infants; preventive and primary health care services for infants, children, adolescents and adults; nutrition assessment and counseling through the WIC program; family planning and sexually transmitted disease control/treatment as contracted by the Department of Health; case finding, outreach, and follow-up of communicable diseases; HIV testing; environmental sanitation; presumptive eligibility determination; free pregnancy testing within the limits of available resources; and health care services to others such as the elderly, migrant populations, and other special populations as determined.

V. METHODS FOR:

1. Early Identification of individuals under 21 in need of medical and remedial services

The Department of Health, through its contractors, will assist in identifying individuals under the age of 21 in need of medical and remedial services through outreach and informing activities. Policies and procedures will be established to assist in the early identification of individuals under 21 in need of medical and remedial services. Staff within the Division of Injury Prevention, Health Injury Rehabilitation and Local Health Services, and Division of Maternal, Child and Family Health will be dedicated to insure the early identification of these individuals.

2. Reciprocal referrals

The Department of Health and its contractors will inform and assist individuals in enrolling in the Medicaid program, including the Healthy Children and Youth (HCY) program, the Case Management Program for Pregnant Women and Children, and the Food Stamp Program. This activity will be accomplished through contract agreements and policy guidelines with local health departments, referrals form the toll-free number, and policy guidelines within the Department of Health.

The Division of Family Services will make referrals to the Supplemental Food Program for Women, Infants, and Children (WIC).

3. Coordinating plans for health services provided or arranged for recipients

At least annually, representatives appointed by each Department Director shall meet to establish goals, objectives, and strategies to improve access to and the quality of health care services provided to Medicaid recipients.

4. Payment or reimbursement

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The Division of Medical Services shall provide federal financial participation to the Department of Health as described in the respective interagency agreements.

The Department of Health agrees to return to the Department of Social Services any federal funds which are deferred, and/or ultimately disallowed arising from the claims submitted by DSS on behalf of DOH.

The Division of Medical Services shall provide reimbursement to the Department of Health and to local health departments for Medicaid State Plan services outlined under this agreement and in Attachment A to Medicaid eligibles that are otherwise provided to the general population without charge. Appropriate documentation and methods for payment consistent with Medicaid rules and regulations shall be followed.

The Department of Health shall provide state general revenue funds required to match federal Medicaid funds for Medicaid eligible recipients when provided through the Special Health Care Needs Program, immunization program, the prenatal outreach program, and any other such program as mutually agreed upon by both parties. The state general revenue match for the Special Health Care Needs Program, immunization, and prenatal outreach program shall be retained under the appropriation authority of the Title V agency.

5. Exchange of reports of services furnished to recipients

The Division of Medical Services shall provide: a) an annual report to the Division of MCFH on the number of Title XIX women and children eligible for and receiving services by county, race, age, sex, and by type of service; b) an annual report of women who received prenatal, delivery, and postpartum care reimbursed under the Title XIX program; c) an annual report on the number of Title XIX eligible infants and children who received HCY services by county, age, race, and sex; d) an annual report on the number of SSI children receiving Title XIX services, including HCY services; and e) the Medicaid provider listing and any updates for referral purposes. The Division of Medical Services and the Department of Social Services shall further collaborate with the Department of Health on data linkages and other additional reports for research, planning, and evaluation purposes, and all such collaborative efforts shall observe the confidentiality requirements of each program. All requests for such reports and data shall be in writing to the agency.

6. Periodic review and joint planning for changes in the Agreement

Beginning with the last quarter of the federal fiscal year (July-September), each Department Director shall appoint individuals from each of the respective agencies to review this agreement and its appendices to insure the agreement/appendices are consistent with changes in policies, budgets, laws, and available resources that will require revision to the agreement. Recommendations for changes to the agreement and appendices shall be reviewed by appropriate program and fiscal personnel with final approval from each Department Director.

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7. Joint evaluation of policies that affect the cooperative work of the parties

Representatives appointed by each Department Director shall review and evaluate at least annually policies that affect the delivery of services through Title V to Medicaid eligibles, including, but not limited to reimbursement rates and scope of the services covered under this agreement.

8. Access to DSS Data Systems

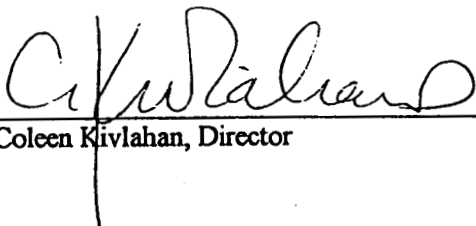
The Division of Medical Services will provide access to the Medicaid Management Information System (MMIS) to authorized Department of Health staff for information necessary to support primary care provider recruitment, retention and aid in claims submission and payment resolution for programs described in this agreement.

VI. TERMS OF THIS AGREEMENT


The period of this Coordination Agreement shall be from July 1, 1993 through September 30, 1995. This agreement may be cancelled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party, provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.

APPROVED AND ACCEPTED:

Missouri Department of Health

 Date 3/3/95
Dr. Coleen Kivlahan, Director

Missouri Department of Social Services

 Date 3/30/95
Gary J. Stangler, Director

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Attachment A

The Department of Health provides the following preventive, primary care, and tertiary care services to the general populace, to low income individuals, or individuals with limited availability of services either directly or through its contractors.

1. Immunizations for women, children and infants.
2. Child Health Screening and Healthy Children and Youth (HCY) screenings for infants and children.
3. Case management services for pregnant women, infants and children.
4. Dental Sealants, dental screening, and Healthy Children and Youth (HCY) dental services for children.
5. Family Planning services and sexually transmitted disease detection and treatment for men and women of reproductive age.
6. Primary care services for pregnant women, mothers, infants, children, adolescents, and other special populations.
7. Lead Screening programs for children.
8. Preventive and primary health care services for children and adolescents, including school health services.

Additional services, population and setting are described below:

1. Metabolic testing for all newborns in the state conducted by the state health laboratory.
2. Genetic counseling and testing for all Missouri residents in tertiary centers located across the state.
3. Sickle cell screening, treatment, and medical management to all Missouri residents.
4. Hemophilia treatment to adults.
5. Diagnostic, preventive, primary care services for children with special health care needs through contracted hospitals, participating physicians and other health care professionals.
6. WIC (Supplemental Food Program) which provides health assessment, nutrition counseling and supplemental foods to eligible pregnant, breast feeding and postpartum, women, infants, and children up to age 5 through contracted local health departments and other agencies; and other nutrition services provided through local health departments
7. CACFP: Children and Adult Care Food Program, providing free and reduced meals through participating day care facilities contracted by Department of Health.
8. Adolescent pregnancy projects contracted through local health departments and other not-for-profit organizations.

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9. Child mental health services provided by selected local health departments.
10. Communicable disease surveillance, outbreak investigation, and treatment including but not limited to tuberculosis, by Department of Health staff and local health department staff for all Missouri children and adults.
11. Environmental health inspection of day care and school food services, inspection of private water and sewage systems, and food services sanitation inspection.
12. Health promotion activities and injury prevention projects for all Missouri residents through contracting agencies.
13. Counseling and education to all Missouri residents on Sudden Infant Death Syndrome, and payment of autopsies for infants suspected of dying from SIDS.
14. Care-coordination and prior authorization of AIDS Waiver Services.
15. Rape prevention programs for all Missouri residents contracted through participating crisis centers.
16. Professional perinatal education for hospitals, health care workers, and the general public; loan and loan repayment programs for nurses, physicians and other allied health professionals.
17. Care-coordination by Bureau of Special Health Care Needs area office staff to BSHCN eligible children and Medicaid recipient's children.
18. Prior authorization of non-State Medicaid Plan services by BSHCN area office staff.
19. Rehabilitative services provided by the Missouri Rehabilitation Center.
20. Orientation and education for local health department administration and staff related to maternal and child health services.
21. Chronic disease prevention and health promotion activities to all Missourians.

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